

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10738386

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		2				
7		2				
8		1				
9		1				
10		2				
11		2				
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	2		2			
17	1		1			
18						
19						
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47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	20	→	7	→		
TOTAL CLAIMS	22	[REDACTED]	8	[REDACTED]		

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		→		→	
TOTAL CLAIMS		[REDACTED]		[REDACTED]	